

TE-1304157



1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
e-mail: Transportation@utc.wa.gov

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE CERTIFICATE

Application Fee and Initial Regulatory Fees due at time of application:
\$200 PLUS \$25 PER VEHICLE

Passenger Charter and Excursion Carrier Services	Fee Required
Application fee (Application for new certificate, to reinstate a previously canceled certificate, or to transfer an existing certificate to a new owner or business structure)	\$200.00
Name Change (Application to change a company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner)	\$ 35.00
Regulatory Fee (per vehicle)	\$ 25.00
TYPE OF PAYMENT	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/> Visa Credit Card Information (if applicable) _____ Exp Date _____ Month/Year _____	

transfer CH-63215

065112

Amount \$ 275⁰⁰ Company Name: West Coast Limousines

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Cardholder's signature: *[Signature]* Date: 3-23-13

(For Commission Use Only) 111 0268 232 01	Company ID: <u>7244</u>	Docket TE-
111 0268 232 02	Date Filed: <u>3/29/13</u>	Safety Inspection:
111 0268 232 03	Reg Fees: <u>OK x 3</u>	Insurance:
111 0268	DOL: <u>en</u>	SOS: <u>en</u>

\$275.00

044410
Revised 08-11

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: West Coast Limousines, Inc *for UBI*
 Trade Name(s) (if applicable): Custom Limousines *per annual report*

Mailing Address:

Physical Address:

Street 2012 Willow St Street 2012 Willow St.
 City Woodland City Woodland
 State/Zip WA 98674 State/Zip WA 98674

Phone Number: 360 901 7663 Fax Number: _____

UBI #: 603 109 270 E-Mail: Westcoastlimousines@comcast.net

Type of business structure:

Individual Partnership Corporation Other (LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>Michelle James</u>	<u>President</u>	<u>100%</u>

List other certificates or permits held with the commission: _____

List your USDOT # 1877017 (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3812 for assistance.)

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

<u>License Number</u>	<u>Year And Make Of Vehicle</u>	<u>Vehicle ID Number</u>	<u>Seating Capacity</u>
<u>B94628E</u>	<u>2005 H2 Hummer</u>	<u>567RGJ23044110274</u>	<u>18</u>
<u>B88401V</u>	<u>ELDOR</u>	<u>1FDXE46S92HA45133</u>	<u>12-14</u>
<u>B76255L</u>	<u>Lincoln EA</u>	<u>1L1FM81WX1Y650065</u>	<u>8-</u>

SECTION 3 – SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

SAFETY RESPONSIBILITIES

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: Michelle SAMES

Position: President

OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: Michelle SAMES

Position: President

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.

Name: Michelle SAMES

Position: President

SECTION 4 - DECLARATION OF APPLICANT

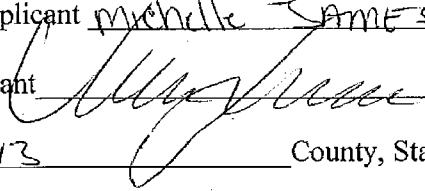
I understand that filing this application does not in itself constitute authority to operate as a passenger charter and excursion carrier.

As the applicant for a passenger charter and excursion certificate, I understand the responsibilities of a charter and excursion carrier, and I am in compliance with all local, state, and federal regulations governing business in the State of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am authorized to execute and file this document.

Printed name of applicant Michelle James

Signature of applicant 

Date 3.23.13 County, State Cowlitz Washington

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
P.O. BOX 47250 Olympia, WA 98504-7250

CHARTER AND EXCURSION REGULATORY FEE CALCULATION SCHEDULE

Company Name West Coast Limousines, Inc

In accordance with RCW 81.70.350 "Regulatory Fees", the Commission requires Charter and Excursion companies to file reports of the number of vehicles operated by the company and pay the sum of \$25 for each vehicle operated. There is a minimum fee of \$25.

1 Total number of vehicles operated

3

2 Total Regulatory Fees owed (enter amount from line 1)

3	x 25.00 =	\$ 75
---	-----------	-------

There is a minimum fee of \$25.00.

(For Commission Use Only) 001-111-02-68-232-01 Reception Number:	Docket TE-	Certificate No:
--	------------	-----------------

CANAL

Greenville, SC

CHANGE NUMBER: _____

ISSUE DATE: 4/24/2012

PA Code #: 1057

PREMIUM SUMMARY

POLICY NUMBER PIG03054101	POLICY CHANGES EFFECTIVE 4/24/2012	COMPANY Canal Insurance Company
NAMED INSURED West Coast Limousines, Inc DBA Custom Limousine		AUTHORIZED REPRESENTATIVE 5Star Specialty Programs a division of Crump

	Auto Liability	Physical Damage	General Liability	Cargo	Taxes on Fees	Total
Total Written Premium:	\$ 0.00	\$ 0.00	\$ 48.00	\$ 0.00		\$ 48.00
Total Deposit:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$
Taxes/Fees						
	\$	\$	\$	\$	\$	\$ 0.00
	\$	\$	\$	\$	\$	\$ 0.00
	\$	\$	\$	\$	\$	\$ 0.00
	\$	\$	\$	\$	\$	\$ 0.00
	\$	\$	\$	\$	\$	\$ 0.00
	\$	\$	\$	\$	\$	\$ 0.00
Total Taxes/Fees: (Includes Fully Earned & Deposit)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

	Auto Liability	Physical Damage	General Liability	Cargo	Total
Fully Earned Taxes	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Down Payment Taxes	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Installment Adjustment Taxes (Payable with 1st installment)	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

INSTALLMENTS

The _____ remaining Installments will change by \$ _____ effective with the _____ installment from \$ 0.00 to \$ 0.00. Next installment \$ _____ dated _____.

	OLD Premium	CHANGE		NEW	
		Premium	Taxes	Premium	Taxes
Auto Liability	\$ 0.00	\$	\$ 0.00	\$ 0.00	\$ 0.00
Physical Damage	\$ 0.00	\$	\$ 0.00	\$ 0.00	\$ 0.00
General Liability	\$ 0.00	\$	\$ 0.00	\$ 0.00	\$ 0.00
Cargo	\$ 0.00	\$	\$ 0.00	\$ 0.00	\$ 0.00

Leipski, Tina (UTC)

From: westcoastlimousines@comcast.net
Sent: Monday, March 25, 2013 9:53 PM
To: Leipski, Tina (UTC)
Subject: Change of Business Structure for West Coast Limousines
Attachments: Insured Policy.pdf; 20130325160729863.pdf

Tina-

I have attached Change of Business Structure/ Information form along with the proper insurance for West Coast Limousines DBA Custom Limousines.

I am not exactly sure what has happened because I am pretty sure this was already submitted before. Please let me know if there is any other missing information you may need so that we can get this problem resolved.

thank you

Michelle James
West Coast Limousines
360.901.7663

2
0
1
2

CHARTER & EXCURSION CARRIERS ANNUAL SAFETY REPORT

Due December 31, 2012

RECEIVED
JAN 17 2013
WASH. UT. & TP. COMM

4975 / CH063215
James, Michael
A Custom Limousine
2012 Willow St.
Woodland, WA 98674

ENTERED IN COMPUTER
JAN 22 2013

West Coast Limousines Inc
DBA Custom Limousine
Rue

ct name and address, if different than shown

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION for the YEAR ENDED DECEMBER 31, 2012

Inquiries concerning this Annual Report should be addressed to

RECEIVED
2013 JAN 17 AM 9:50
FINANCIAL SERVICES

NAME: Michelle James TITLE: Owner
ADDRESS: 2012 Willow St
CITY: Woodland STATE: WA ZIP: 98674
TELEPHONE: 360 901 7663 FAX: _____ E-MAIL: WestCoastLimousines@comcast.net

The company must notify the Commission, in writing, of any changes to the above information.

TYPE OF PAYMENT - DO NOT SEND CASH IN THE MAIL	For Commission Use Only
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> Visa <input checked="" type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Credit Card Authorization #: _____
Credit Card Number: _____	Exp Date - Month/Year _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information is true, valid and correct, that I am authorized to execute on behalf of the applicant, and that I agree to pay the above total amount according to card issuer agreement.

Name (Printed) Michelle James Title Owner
Signature [Signature] Date 1-10-13

For Commission Use Only			
Reception Number: <u>042930</u>	Reference: <u>AR2012</u>	Payment ID: <u>089712</u>	Receivable # _____
001-111-02-68-232-01: <u>75.00</u>	001-111-02-68-232-11: <u>1.50</u>	001-111-02-68-032-20: _____	

Original to be mailed to the Washington Utilities and Transportation Commission, PO Box 47250, Olympia, WA 98504-7250
To file online: www.utc.wa.gov

total paid \$ 76.50